

Weekly Employee Survey Form

Employee Information

Instructions: Print or type the Employee Information requested.
Print or type an (X) to identify your survey responses.

Name: _____
First Last

Employee I.D.#: _____ Dept./Section: _____

Phone Ext.: _____ Home Zip Code: _____ Miles to Worksite (one way): _____

Signature: _____ Date: _____

Mode	Report Time	Mon	Tue	Wed	Thu	Fri	Sat	Sun	
		a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.	(circle AM or PM as applicable)
A. Drive Alone									
B. Motorcycle									
C. 2 person carpool									
D. 3 person carpool									
E. 4 person carpool									
F. 5 person carpool									
G. 6 person carpool									
H. Vanpool H1. <input type="text"/> Capacity									
I. Buspool									
J. Transit (bus/rail/plane)									
K. Walk									
L. Bicycle									
M. Zero Emission Vehicles									
N. Telecommute (reduction of more than 50% of trip)									
O. Noncommuting									

Compressed Work Week Day(s) Off

P. 3/36 work week							
Q. 4/40 work week							
R. 9/80 work week							

Other Days Off

S. Vacation							
T. Sick							
U. Other							

(Jury duty, Leave of Absence, Home Dispatched, etc.)

Alternative Fuel Vehicles*

If alternative fuel vehicles were used for commuting during the survey period, please indicate by using the appropriate type in each box as shown below:

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Type: P=Propane LPG=Liquified Petroleum Gas M=Methanol NG=Natural Gas

* **Note: Alternative fuels do not include reformulated gasoline.**